

Massasoit Internal Medicine COVID-19 Triage Sheet

Date: _____ Name: _____ DOB: _____

- Current Status: Where are they? Home/ER/Work

- Symptoms: Cough Fever _____ SOB Fatigue Sore Throat Runny Nose HA Diarrhea N/V
 - Onset of first symptom: _____

- *Are they a Health Care or EMS worker?

- *Is the patient in a NH or other congregate living? If so...
 - Where _____
- *Have they been admitted to the hospital recently? If, so...
 - Date of admission _____ D/C _____ What hospital _____

- Have they been to a Conference or gathering where there was a large crowd?

- International Travel or Domestic Travel in the last 14 days? If so,
 - Dates _____
 - States or Countries _____
 - Airline? Bus? Cruise? _____

- Has there been F2F exposure or around anyone w/ symptoms or has been or are in quarantine now?
 - If so details _____

Massasoit Internal Medicine
COVID – 19 Phone Screening Tool

Name _____

DOB _____

Today's Date _____

1. Have you travelled outside the USA or been in contact with someone that has? Yes or no
 - a. What date left?
 - b. From what airport?
 - c. Country visited?
 - d. How long was there?
 - e. Return date?
 - f. What return airport?

Please instruct patient to stay home and the office will have a Nurse or Provider call them with further instructions.

Call CDC 401-222-2577

Time: _____ Name: _____ Report you may have a patient that needs to be tested.

Time: _____ Name: _____ Give detailed info to Pre-Screener.

Time: _____ Name: _____ RN from RI DOH will have plan for next steps and will be responsible for contacting the patient.

F/U Detail Summary:

Was Pt tested? Yes or No Date: _____

COVID- 19 Results? Date of Results: _____ Positive or Negative

- Fever
 - Cough
 - S.O.B (Shortness of Breath)
 - Fatigue
 - Vomiting
 - Nausea
 - Diarrhea
 - Runny nose
 - Headache
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- Do you work in the medical field.
- Are you an EMT.
- Travel History Domestic or Internationally